Labor Organization Officer and Employee Report

Signed





This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in Form approved - OMB No. 1215-0188 criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440. Expires 11-30-2002 Name and address of labor organization Name and address of person filing 2. Name and address of labor organization Steel, Paper House, Chemical Drivers, Helpers and Jim Minisci General Warehouse Workers Los Angeles, California 1936 West Chapman Avenue and Vicinity, Local Union No. 578, Int'l Brotherhood 92868 Orange, CA of Teamsters, 1936 Chapman Ave., Orange, CA 92868 5. File number (if assigned Date fiscal year ended 12/31/00 3. Position in labor organization Secretary-Treasurer Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name of Employer Address of Employer 7. Nature of Interest, Transaction or Income Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name of business Address of business American Income Life Insurance Company, Post Office Box 2608, Waco, TX 76797 9. Business deals with-10. If 9B or 9C is checked give trust or employer's name △A. Labor Organization □ B. Trust C. Employer 11. Nature and approximate dollar value of such dealings Premium paid for A D & D policy by insurance company. 12/95 - 7/00\$17.36 12. Nature of interest held or income received Benefit of premium paid by insurance company. USDOL/ESA DOE/SRD Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value Name and address of employer or consultant | 14. Nature of payment IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete. Orange CA 8/3/00 musce

City

State